



## **State Health System Innovation Plan (SHSIP) Revision Summary**

This summary highlights the major changes to the State Innovation Model SHSIP from the draft made available for public comment on June 1, 2016, and the final document that was submitted to the Centers for Medicare & Medicaid Services (CMS) on July 21, 2016. Minor grammatical and typographical edits are not noted in this document.

The changes made to the SHSIP are a direct result of stakeholder engagement, including meetings with various interest groups (see Section 6 of the SHSIP for details), the West Virginia Health Innovation Collaborative and SIM's state/federal partners (i.e., West Virginia Department of Health and Human Resources; SIM Steering Committee; CMS; Centers for Disease Control and Prevention and the Office of the National Coordinator for Health Information Technology) and technical assistance resources (i.e., Center for Health Care Strategies, Inc. and SHADAC). In total, the SIM Project Management Team received 282 comments on the draft SHSIP.

**If you have a specific question about the SHSIP not addressed herein, please contact SIM Project Coordinator Joshua Austin at [jaustin3@hsc.wvu.edu](mailto:jaustin3@hsc.wvu.edu).**

### **Section 1: Introduction**

- A.** The SIM Project Management Team updated information regarding the West Virginia budget crisis. **(Pages 11-12)**

### **Section 2: Plan Goals and Objectives**

- A.** No changes.

### **Section 3: Current Health Care Environment**

- A.** The SIM Project Management Team condensed this section by removing approximately 30 pages of content. The goal of this revision was for the section to be more focused on current health status in West Virginia and less on general background regarding diseases/conditions.
- B.** The SIM Project Management Team worked with Dr. Garrett Moran of Westat/AHRQ's The Academy for Integrating Behavioral Health and Primary Care to improve the behavioral health content of this section. **(Pages 33-46)**

### **Section 4: Design Elements of Population Health Improvement Plan**

- A.** Revisions made by the SIM Project Management Team in this section were to provide better context around the targeted priorities.

## Section 5: Delivery System Redesign and Payment Reform Methodologies

- A. The SIM Project Management Team removed the overview section to streamline and shorten this section. The overview section prefaced Section 5 in the previous draft.
- B. The SIM Project Management Team revised the goal for value-based payments to apply to the entire health insurance market, not just the health insurance marketplace (a.k.a., exchange). The revised goal reads as follows.

West Virginia seeks to pursue CMS' vision for value-based transformation by setting the goal of having 85% of its health insurance market payments as value-based by 2025, with 80% of payments being value-based by 2021.

A footnote (below) was also added for further clarification.

*The state's health insurance market includes (public and commercial) individual, small group, large group, fully insured, self-funded and exchange/marketplace business. Note: This excludes Medicare. It should also be noted that West Virginia recognizes that value-based payment transformation cannot be mandated for fully insured and self-funded plans, especially in light of the recent U.S. Supreme Court ruling in Gobeille v. Liberty Mutual Insurance Company.*

**(Page 81)**

- C. The SIM Project Management Team added two context paragraphs concerning the state's high rate of insurance coverage overall and among children. **(Page 81)**
- D. The SIM Project Management Team added a context paragraph noting the aging population of West Virginia and the large proportion of citizens covered by Medicare. **(Page 82)**
- E. The SIM Project Management Team added information about the West Virginia floods as context regarding health care transformation. **(Pages 82-83)**
- F. The SIM Project Management Team added verbiage about the positive outcomes of the SIM planning process and how those outcomes inform the creation/establishment of the West Virginia Health Transformation Accelerator. **(Pages 83-84)**
- G. Because the West Virginia Health Transformation Accelerator is still evolving as an entity, it was premature to include references concerning collaboration with the West Virginia Medical Institute; therefore, the SIM Project Management Team removed these references from Section 5.
- H. Throughout Section 5, specifically in response to comments received from the Office of the National Coordinator for Health Information Technology, all goals/strategies were revised by the SIM Project Management Team to better highlight health information technology as a possible solution. In the previous draft, these goals/strategies implicitly noted that need; the SIM Project Management Team has made it explicit in the final document.
- I. The SIM Project Management Team updated the document to include the most recent payer mix estimates—using those provided in Section 5 for all other sections of the final

document. A footnote for these estimates was provided originally in Section 3, but it is applicable to the entire final document. **(Page 92)**

*Note that the state's payer mix is not static, but rather changes frequently due to population growth and decline and churn in insurance coverage. The figures provided throughout the SHSIP are derived from various sources and represent snapshots of insurance coverage at different moments in time. Therefore, numbers may not reach the same totals throughout the document and should be understood as estimates rather than exact calculations. (Pages 60-61)*

- J. The SIM Project Management Team revised the value-based payment transformation goal in the narrative to reflect the change at the beginning of Section 5, as noted previously in Section 5 B. **(Page 92)**
- K. The SIM Project Management Team cited Medicaid managed care rule provisions that align with SHSIP goals/strategies in Section 5. Two paragraphs and a footnote were added under *Driver 1: Ensure all West Virginians are connected to a primary care provider and, where appropriate, have access to advanced primary care delivery systems.* **(Page 95)**
- L. The SIM Project Management Team revised language concerning West Virginia state privacy laws, HIPAA and 42 CFR 2. **(Pages 90 and 114)**
- M. The SIM Project Management Team inserted a footnote clarifying that states, through Medicaid managed care contracts, have the authority to require managed care organizations to implement value-based purchasing models. This was clarified in CMS's recently released Medicaid managed care rule. **(Page 116)**
- N. The SIM Project Management Team added specific information from the U.S. Administration on Aging highlighting that, nationally, West Virginia has the third greatest population per capita of citizens age 65 and older. **(Page 118)**
- O. The SIM Project Management Team received and incorporated data from West Virginia Medicaid for SFY2015 on long-term care and Aged and Disabled Waiver utilization and costs. **(Pages 119-120)**

## **Section 6: SHSIP Development Process**

- A. The SIM Project Management Team added content about the public comment process and opportunities for continuing stakeholder engagement beyond the SIM design phase.

## **Section 7: Health Information Technology and Data Strategy**

- A. The SIM Project Management Team added a table to cross-reference the strategies and tactics from Driver 3 in Section 5 of the SHSIP.
- B. As noted in Section 5 H, the SIM Project Management Team incorporated health information technology/data strategies throughout the SHSIP where applicable (e.g., HIT In All Policies).

## **Section 8: Workforce Development Strategy**

- A. No changes.

## **Section 9: Integration with Public Health Infrastructure**

- A. Where applicable, the SIM Project Management Team added content about the existing public health infrastructure specific to behavioral health.

## **Section 10: Use of Policy and Regulatory Levers**

- A. The West Virginia Offices of the Insurance Commissioner provided information to the SIM Project Management Team that better explains the health insurance rate review process, and it was included in this section. **(Page 243)**
- B. Due to a pending CMS technical assistance request, the reference to calculating the West Virginia Health Transformation Accelerator membership fees in the medical loss ratio was removed from the final document by the SIM Project Management Team.
- C. The SIM Project Management Team added a new policy lever from CMS's new state managed care rule related to the development of a state managed care quality strategy. **(Pages 245-246)**

## **Section 11: Coordination with Other Federal, DHHS, CMS or Local Initiatives**

- A. The SIM Project Management Team added a copy of SIM's letter of support for the Accountable Health Communities funding opportunity to the appendix; this is cited in the section, as well. **(Page 258)**

## **Section 12: Financial Analysis**

- A. The SIM Project Management Team developed and inserted language to clarify the estimated cost savings from SHSIP implementation and included Driver 5 in Section 5 of the SHSIP estimates.

## **Section 13: Monitoring and Evaluation Plan**

- A. The SIM Project Management Team restructured this section into two parts: 1) a retrospective look at how the SHSIP was developed, and 2) a forward look at how implementation will be evaluated and monitored.
- B. The SIM Project Management Team added a section on risk mitigation strategies. **(Pages 303-304)**

## **Section 14: Roadmap**

- A. The SIM Project Management Team updated the roadmap to reflect the changes made in the rest of the final document. **The SIM Project Management Team advises that Section 14 should be reviewed in its entirety, as it is dependent on every change detailed in this summary.**

## **Section 15: Conclusions and Appendices**

- A.** The SIM Project Management Team completed the Section 12 Appendix.
- B.** The SIM Project Management Team added the mandated funding support statement and U.S. Department of Health and Human Services disclaimer. **(Page 324)**